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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

10/006,524			
12/3/01			
07907 105009 COR			

To: Assistant Commissioner for Patents Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As of September 9, 2002, I will be employed at the U.S. Patent & Trademark Office as a Patent Examiner. In compliance with 37 C.F.R. 10.10(c), which states that a practioner who is an employee of the Office cannot prosecute or aid in any manner in the prosecution of any patent application before the Office, I request to withdraw as an agent for the above identified patent application.

1. 🕜 The o	correspondence address is NO	Taffected by this with	drawal.		
2. 🗌 Char	nge the correspondence addres	s and direct all future	correspond	dence to:	
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This request is	enclosed in triplicate.				
Name	Josephine	Young	AMPLIANT DE	and any control ages	
Signature	Januar &				
Date	September 3, 2002				
NOTE: Withdray	wal is effective when approved rathe	er than when received.			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.